

FOR BOARD OF HEALTH	DATE RECEIVED:	AMOUNT PAID:	PERMIT NO. FMP -	YEAR: 2016
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APPLICATION FOR A FARMERS MARKET LICENSE

NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: Variable

CASH ☐

CHECK ☐

Date _____

☐ Tuesday Thornes Summer Market ☐ Wednesday Florence Market ☐ Saturday Gothic Street Summer ☐ Winter Market

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Products: _____

Type of Establishment	Fee	Required Documentation	Check Box:
Farmers' Market Permit (for Unadulterated Farm Products)	Waived	For wild mushrooms only – provide/demonstrate knowledge	
Value Added Farmers' Market Permit (for Value Added Products)	Waived	Processed products: FSE Permit, ServSafe Seafood: State Retail Seafood Dealer Permit, HACCP Plan Meat and poultry: Federal and/or state facility certificate	
Retail Food Farmers' Market Permit (for Processed Food Products)	\$50.00	As applicable: ServSafe, Residential Kitchen Permit, FSE Permit (from each source if vending for multiple locations)	

Total Fee(s): _____

NOTE: As of October 1, 2001, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). A COPY OF THE INDIVIDUAL'S CERTIFICATE MUST BE ON FILE AT THE BOARD OF HEALTH OFFICE. PLEASE REMIT THIS CERTIFICATE WITH THIS APPLICATION IF YOU HAVE NOT ALREADY SUBMITTED IT.

NAME OF FOOD PROTECTION MANAGER (if required): _____

Name of Person In Charge

Email Address

Signature of Individual or Corporate Officer

Telephone #

Submit with Application & Payment

☐ Application
☐ Certified Food Manager

☐ Allergen Awareness
☐ Workers Comp

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON